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Montana
Health Promoter

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Newsletter of the Chronic Disease Prevention and Health Promotion Program
Montana Department of Health and Environmental Sciences

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Healthy People 2000

HEALTHY PEOPLE 2000

In September 1990, the U.S. Public Health Service released "Healthy People 2000", a national strategy and health planning document targeted at improving the health of citizens of the United States throughout the 1990's and into the next century.

The goals of Healthy People 2000 are prevention oriented, providing necessary direction and focus towards management of the public health issues facing our nation today. As health professionals, we realize that public health problems have changed dramatically throughout this century. Immunization and microbial control efforts have precipitated a change in our major health problems, shifting from the communicable diseases of the past to the chronic diseases and disabilities of the present. Today, as many as 60% of all deaths in the United States are preventable, many through affecting only small personal lifestyle changes. However, as anyone attempting to lose weight or quit smoking can attest to, these small changes can be enormously difficult to attain. Although medical science is able to diagnose, treat and cure an ever-increasing number of acute and chronic conditions, the best form of treatment remains: PREVENTION.

Prevention of disease makes sense in saving lives, and in saving dollars. An excellent example of this are the diseases associated with tobacco use. Each year, approximately 434,000 American citizens die prematurely due to the effects of tobacco and its constituents on the body. Not beginning to smoke or quitting smoking is the best advice to give in this case. Unfortunately, even with numbers this staggering, millions of Americans continue to smoke and over 3000 children begin smoking each day. An example of the devestating economic impact of excess chronic disease cases can be seen in the percentage of the total U.S. GNP attributable to health care services. In 1960, the amount of dollars spent on health care services claimed 5% of the nation's total GNP for the year. Contrast this with the 12% spent on health care services in 1990.

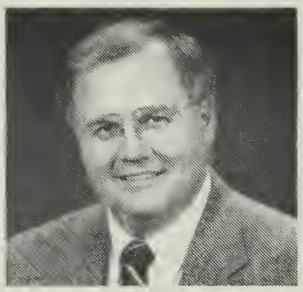
The shift from communicable disease to chronic disease as a health priority has been accompanied by an increase in our lifespans, providing us with a new set of public health challenges. We have reached a point which requires us to examine lifespan longevity as it relates to the avoidance of disease and disability, not only through the provision of medical treatment services after-the-fact. Increasing the lifespan of individuals, without addressing the healthspan (healthy lifespan), eventually creates an unnecessary burden on healthcare. Therefore, the goals of Healthy People 2000 have been formulated to increase the accessability of preventive health care services and community health education for all, with an overall goal of increasing the healthspan of our country's citizens. Specifically, the goals of Healthy People 2000, are to:

1) Increase the span of healthy life for all Americans
2) Reduce the health disparities among Americans
3) Achieve access to preventive services for all Americans

The National Health Promotion and Disease Prevention objectives of Healthy People 2000 are written within a framework of health promotion, health protection, preventive services and surveillance & data systems. These objectives offer a measureable means by which to assess the progress of health promotion, education and service delivery within the population and across specific minority populations and age groups. We hope that as health care providers and educators, we can continue to shape the overall "picture of health" of the state of Montana in relation to the Healthy People 2000 objectives. We owe it to ourselves and to the citizens of this state (and nation) to address these public health problems with much fervor.

Examples of how the Healthy People 2000 goals and objectives are being utilized in Montana abound. For instance, Gallatin County Health Department uses the Healthy People document in planning and preparing proposals to justify the need for new or existing programs. Flathead County Health Department uses the document for planning and evaluating their programs and services on a year-round basis. Missoula City-County Health Department uses Healthy People 2000

(Continued page 2)



FROM THE DIRECTOR

Department of Health & Environmental Sciences

The staff of the Montana Department of Health and Environmental Sciences are accepting the challenge of a year 2000 plan for chronic disease prevention and health promotion. We are choosing to embrace change and take an active role in shaping a vision for what the health of Montanans should be and how the public health system can support the attainment of health. Quite simply, we can mold our future or react to it. The choice is to make a difference by planning in advance to develop a system that envisions and solves problems preferably through prevention efforts and the promotion of health. We are faced with broad and complex problems that cannot possibly be solved by a single source, but require a concerted effort by a partnership of public and private organizations. This is a call to accept the challenge!

The health of our population is too great a resource to waste. And yet every day, fewer of our citizens are able to access the health care system. Every day, people suffer needlessly from conditions and diseases that could have been avoided or treated due to lifestyle choices, environment, cost or accessibility.

By providing a framework for what we hope to accomplish, and by openly holding ourselves accountable for progress, we hope to gain a deeper appreciation for the public health of the state's citizenry. By working together, especially in our communities, we can make a difference.

(Healthy People 2000...continued from page 1)

objectives in assessing the health status of their community and in setting priorities for future activities. They also use the document as a tool to foster communication with their Board and between the Health Department and the community. Cascade County Health Department uses the document to develop their own goals and objectives tailored to their identified community problems. According to Dennis Klukan of Flathead County Health Department, he is "pleasantly surprised to see how far Montana communities have progressed over the past five years" in relation to the objectives of Healthy People 2000. We are pleased to see that the tremendous amount of work that went into this publication is being benefitted from at the community level and further encourage other health and social service agencies to take a look at the Healthy People 2000 document and then take a good look at their community.

Physical Activity & Personal Fitness

Regular physical activity is a major determinant of an individual's overall health. Many of the benefits of regular physical activity have been known for quite some time. For instance, it has been documented that regular physical activity can prevent or manage lifestyle-linked chronic diseases such as heart disease, diabetes, high blood pressure, osteoporosis, obesity, mental depression and stress. Performed correctly, it has the ability to keep the body in "fine-tune". Physical activity which places the body in an aerobic state for a period of 30 minutes, performed 3 - 5 times per week at 60% of an individual's maximum heart rate (220 - age), produces tangible benefits, benefits which can be seen and felt. Not only does regular physical activity reduce the chance of heart disease by 50%, it provides increased mental and physical energy, greater strength and flexibility, and a decreased chance of physical injury while promoting a more youthful appearance. With these types of benefits, why are so many individuals remaining sedentary and not practicing this important health behavior?

There are several reasons why a person may remain sedentary. One of the most common barriers to personal fitness is our highly mechanized society itself. Physical activity tends to take time away from our work, family and our precious leisure time. Secondly, physical activity requires the exertion of energy. Persons who have not engaged in regular physical activity for some time have lower energy (metabolic) levels and find it difficult to initiate an exercise program. Third, many individuals do not understand the proper techniques of performing aerobic activities properly and therefore do not receive the benefits they are entitled to. Of course there are other reasons affecting the number of individuals participating in regular physical activity programs. Probably the most important of these is our behavior. Yes, regular exercise must be incorporated into our lifestyle, and for this to happen, a change in one's behavior must be accomplished. It is possible to change the behavior of an individual through education, but it also requires varying levels of persistence, assistance and reinforcement on the part of the educator or fitness instructor. A person must be able to assimilate the concept of fitness into their lifestyle, changing their daily behavior to accept regular physical activity as "the norm". By doing so, one is less likely to terminate the program when confronted with other issues in their life.

In 1991, half of Montana's adult population lead sedentary lives. The other half participated in regular physical activity. Of those who were physically active, 10% were involved in activities vigorous enough to provide significant gains in cardiorespiratory fitness. 40% were engaged in physical activities of lesser intensity, but significant enough to produce health benefits, such as reducing their risk of developing heart disease. The most popular form of exercise among adult Montana men and women in 1991 was, by far, walking. Walking, by virtue of its simplicity, is an activity anyone can become involved with. More importantly, research is supporting the fact that walking does provide enough of a cardiorespiratory benefit to increase personal fitness levels and decrease the risk of heart disease, diabetes

and back injury, to name a few. Walking also provides an excellent low to moderate level physical activity for those looking to begin an exercise program and is especially well-suited for those who are overweight or who have not exercised for several years. With roughly 25% of Montana's population considered overweight to the point of obesity in 1991, educators and fitness instructors should be promoting and instructing individuals on the proper use of this simple activity.

Selected Healthy People 2000 Objectives &
MONTANA Comparative Statistics

- - OBJECTIVE - -

Reduce to no more than 15% the proportion of people aged 6 and older who engage in no leisure-time physical activity.

Montana 16.6 %

COMMENTS - Montana leads the nation with the figure of 16.6%. Compare this to Colorado (18%) and Oregon (19.6%) and to the worst states of Mississippi (42.6%) and West Virginia (42.3%).

- - OBJECTIVE - -

Increase to at least 30% the proportion of people aged 6 and older who engage regularly, preferrably daily, in light to moderate physical activity for at least 30 minutes per day.

Montana 50.5 % (40.2% light/moderate; 10.3% vigorous)

COMMENTS - Montana has surpassed this objective, however, we need to continue our efforts in educating and instructing those individuals who remain sedentary in the proper use and techniques of aerobic exercise, striving for higher levels of personal fitness.

- - OBJECTIVE - -

Reduce overweight to a prevalence of no more than 20% among people aged 20 and older and no more than 15% among adolescents age 12-19.

Montana 24.3 % Adults
* Adolescent data not available

COMMENTS - Montana is ranked 6th in the nation for having the fewest number of obese individuals, however, the percentage of those who are obese has increased steadily over the past several years. Up from 20% in 1987, an increase of 5%.

TOBACCO USE IN MONTANA

Tobacco use is responsible for about 434,000 deaths each year -- one in every five deaths in the United States. In Montana, tobacco accounts for 1500 deaths annually. Tobacco kills far more Montanans than alcohol, cocaine, crack, heroin, homicide, suicide, fires, car accidents and AIDS combined. Cigarette smoking accounts for 21 percent of all coronary heart disease deaths, 87 percent of lung cancer deaths and 30 percent of cancer deaths overall.

More than one-half of all smokers start using tobacco before age 18 and almost 90 percent start by age 21. Every Montanan, including those who don't smoke, is paying a hidden tax of approximately $221 per person per year for the consequences of smoking -- a tax that adds up to $176 million in Montana alone.

Smokeless tobacco use rates are high in Montana for adults and youth. Additionally, a newly released U.S. Environmental Protection Agency report has concluded that the widespread exposure to environmental tobacco smoke (ETS) presents a serious and substantial health threat. ETS is a human carcinogen, responsible for approximately 3000 lung cancer deaths annually.

The proposed Healthy People 2000 objectives for tobacco use are as follows:

1) reduce the deaths due to lung cancer to no more than 222.2 per 100,000 by the year 2000.

2) reduce the deaths due to chronic obstructive pulmonary disease to no more than 106.8 per 100,000 by the year 2000.

3) reduce the prevalence of smoking among persons >18 years to no more than 15.0 by the year 2000.

4) reduce the prevalence of smokeless tobacco use among males >18 years to no more than 4.0 by the year 2000.

Specific recommendations for tobacco control activities in Montana are as follows:

- education efforts at worksites, in schools, through hospitals, clinics and physician's offices, and through various community groups.
- promotional campaigns with the local media to keep tobacco and health related stories in the public's eye.
- provision of information to community leaders and policy makers on how communities can be tobacco free.
- increase taxation on tobacco products and use the revenue to support a statewide smoking cessation and prevention campaign.
- Target educational programs to children and adolescents, and insure inclusion of tobacco curriculum and policy in school health programs.

Healthy People 2000 Chronic Disease Nutrition Objectives

Poor nutrition is associated with five of the ten leading causes of death: heart disease, stroke, cancer, diabetes and atherosclerosis and it contributes to other causes of death and disability as well. The impact of this is staggering -- an estimated 375,000 premature deaths and $40 billion in excess health care costs are incurred every year.

Today's dietary problems are more often associated with excesses or imbalances in the types of food eaten, rather than nutrient deficiencies.

Dietary habits contributing to the development of chronic disease include: excessive consumption of foods high in fat, saturated fat and cholesterol; low dietary intake of complex carbohydrates and fiber; and excessive calorie intake in relation to calorie expenditure. Inadequate intake of foods high in Vitamins A, C and E, calcium and iron and excessive intake of simple sugars, sodium (salt) and alcohol can also cause health problems.

Rationale for Objectives

Approximately 27 percent of American adults are overweight. An overweight individual is more likely to develop high blood pressure, heart disease, diabetes, gall bladder disease and some types of cancer.

Weight gain occurs when a diet consists of more calories than are needed to meet individual metabolic and activity needs. Increased physical activity, in combination with a diet lower in fat and higher in fruits, vegetables and grains, can help an individual reach and maintain a healthy body weight.

Fruits, vegetables, legumes (such as beans and peas) and grains (especially whole grains such as brown rice, oats, whole wheat bread, etc.) are important sources of vitamins, minerals, complex carbohydrates and fiber. They also tend to be low in fat. Higher intakes of these foods are associated with lower risks of some types of cancer, heart disease and diabetes. To the extent that these foods replace high fat foods in the diet, they can be expected to reduce death and disability from these conditions.

See the table below for the objectives, the goals and the current status for the U.S.

The Montana Picture

To date, much of the Montana-specific data for the Healthy People 2000 Chronic Disease Nutrition Objectives has not been gathered. With the inclusion of a nutrition component in up-coming Behavioral Risk Factor Surveillance (BRFS) questionnaires more of this information will be made available to us.

Activities of the Chronic Disease Prevention and Health Promotion Program are aimed at achieving the Healthy People Year 2000 goals. To most successfully realize these goals, it is essential for MDHES to coordinate its activities with other state and local agencies to develop and implement a state nutrition plan. Members of the State Advisory Council on Food and Nutrition have begun work on such a plan and will be seeking input from others in the up-coming months.

HEALTHY PEOPLE 2000 CHRONIC DISEASE NUTRITION OBJECTIVES	GOAL	U.S.
Reduce rate of coronary heart disease deaths	100/100,000	130/100,000
Reverse the rise in rate of cancer deaths	130/100,000	133/100,000
Reduce percent of adults and adolescents who are overweight	20% Adults 15% Adolescents	27% 15%
Reduce total dietary fat and saturated fat as percent of calories saturated fat	30% Total Fat 10% Saturated Fat	36% 13%
Increase number of servings of fruits, vegetables and legumes and number of servings of grain products grains	5 Frt/Veg/Leg 6 Grains	2 1/2 3
Increase percent of overweight adults who exercise and diet to lose weight	50%	22% Men 29% Women
Increase percent of youth, pregnant and lactating women consuming 3 or more servings and adults consuming 2 or more servings of calcium-rich foods	50% Youth 50% Women 50% Adults	7% Youth - F 14% Youth- M 24% Women 15% Adults - F 23% Adults - M
Increase percent of adults reducing salt and sodium intake in food preparation, at the table and by purchasing foods lower in sodium	65% Preparation 80% At Table 40% Purchasing	54% (Women) 68% (Women) 20%
Increase the percent of adults who use food labels to make nutritious choices	85%	74%
Increase the percent of restaurants and institutional food service operations offering menus consistent with the "Dietary Guidelines for Americans"	90%	75%
Increase the percent of school meals programs offering menus consistent with the "Dietary Guidelines for Americans"	90%	Unknown
Increase the percent of qualified senior adults receiving home-delivered meals	80%	Unknown
Increase the percent of schools providing nutrition education as part of comprehensive school health education	75%	Unknown
Increase the percent of worksites with 50 or more employees offering nutrition education and/or weight management programs for employees	50%	17% Nutrition Ed. 15% Weight Control
Increase the percent of primary care providers providing nutrition assessment and counseling and/or referring to qualified nutritionists or dietitians	75%	40-50%

SCHOOL-BASED FLUORIDE MOUTHRINSE PROGRAMS; *ARE THEY SECOND BEST?*

By Mary Lou Abbott

My name is Mary Lou Abbott and I would like to introduce myself and let you know that I recently was employed by the Department of Health and Environmental Sciences as the Dental Health Project Officer. For the past few years this position has been vacant and I am pleased to have been hired to continue projects that have been developed and to begin new ones to meet oral health needs.

I am a dental hygienist and have a B.A. in Education and an M.A. in Health Education. I have many years of experience as a school dental hygienist, a clinical dental hygienist and for thirteen years I taught at the Carroll College, Department of Dental Hygiene in the area of school and community dental health.

I am challenged by the opportunity and I feel that both my educational background and work experience will be valuable in the continuation and development of oral health projects for the citizens of Montana.

When I am asked what is the most cost effective means of preventing dental decay from a public health perspective, I like to talk about fluoridation of community drinking water at optimal levels or about school-based fluoride mouthrinse programs. In the United States, the optimal level of fluoride in the drinking water ranges from 0.7-1.2 parts per million. In the 1989 Fluoridation Census, Centers for Disease Control, 54% of the U.S public and 61% of persons on municipal water systems are now drinking optimally fluoridated drinking water but it is interesting that neither of these percentages has changed since 1985.

Areas less likely to be served by optimally fluoridated municipal water systems are in rural areas and in the West. Boys and girls living in the West are most likely to participate in school-based fluoride mouthrinse programs or to receive fluoride supplements. During the 1992-1993 school year almost 43,000 Montana students who lived in communities where the fluoride content of the drinking water was below 0.7 parts per million, participated in a weekly fluoride mouthrinse program. But there are still schools in communities with a fluoride content in the drinking water well below 0.7 parts per million that have yet to participate in the fluoride mouthrinse program.

One of the Risk Reduction Objectives of HEALTHY PEOPLE 2000 is to "increase use of professionally or self-administered topical or systemic(dietary fluorides) to at least 85 percent of people not receiving optimally fluoridated public water".

WE HAVE A WAY TO GO.

Heart Disease & Stroke

Heart disease and cerebrovascular disease (stroke) are, respectively, the first and third leading causes of death in Montana. Crude death rates have been largely unchanged in the general population since the late 1970's, although the age-adjusted death rates have declined steadily. Changes in lifestyles and risk factor reduction were major contributors to this decline. The curative model of new technology, improved pharmacology, better pharmacology, surgical techniques and medical management also played a part.

Cardiovascular diseases cause a great deal of preventable death and disability, with the accompanying loss of many years of productive life. A preventive model encouraging healthier lifestyle and behaviors are likely to have the greatest impact. The longer we can stay healthy and maintain quality of life , the less disease , disability, and suffering we will sustain over the lifespan. The healthful behaviors associated with the avoidance of CVD -- eating moderately, not smoking, preventive screening, regular exercise -- offer a simple, yet preventive model. Prevention and health promotion should be an integral part of an equitable, comprehensive package of health care measures accessible to all.

Community wide health education has demonstrated promising results in reducing cardiovascular disease (California Five City Project, Minnesota Heart Health Program, Pawtucket Heart Health Program). Successful programs have blended principles of health promotion, disease prevention, social marketing and advocacy together to help communities bring about change.

The proposed Healthy People 2000 objectives to bring about changes in the health status of the population are to:

1) reduce the rate of premature death of cardiovascular diseases per 100,000 in age category 45-64 years from 252.8 in 1991 to 145.9 in 2000.

2) reduce the prevalence of sedentary lifestyle in adults from 49.5% in 1991 to 40% in 2000.

3) reduce the prevalence of smoking tobacco in adults from 21% in 1991 to 15% in 2000.

Changes in the system are possible through partnerships in communities through a diverse mix of agencies working together toward healthy behavior by:

- developing and requiring schools to implement a school health program (health enhancement program) encompassing curriculum, healthy environment, staff wellness, counseling, school breakfast & lunch programs, and health services.

- encouraging worksite health promotion programs which address exercise, nutrition, and stress management.

- promoting periodic health assessments to identify individual risk factors for cardiovascular disease.

- developing a tobacco control plan based on advocacy, media, and local coalition development.

CANCER In Montana:
Progress Toward the Year 2000 Objectives

Cancer is the second leading cause of death in Montana, responsible for nearly one out of every four deaths in the state. According to Montana Vital Statistics records, approximately 1675 of the 6995 annual deaths for the year 1991 were a result of a cancerous condition. Although the number of cancer diagnoses is on the rise, mortality rates for those individuals diagnosed with cancer under the age of 55 are on the decline. This can be attributed to several factors, including progress made in relation to preventive screening techniques, treatment modalities and public and patient health education efforts. Each of these is important in the overall goal of reducing and/or eliminating cancer, but health education is especially important in meeting health objectives related to this disease because of the link between cancer, the use of screening activities and specific lifestyle behaviors.

The role of personal lifestyle behaviors in relation to the risk of developing cancer has been well documented. An example of this is the use of tobacco products, which contribute to approximately one-third of the total cancers diagnosed. Poor dietary choices claim another one-third of the total cancer cases. Alcohol abuse, occupational exposure to chemicals and over-exposure to sunlight account for additional portions of the conditions as well. Combined, lifestyle behaviors account for a majority of the cancers diagnosed. Therefore, the individual may after all, have more control over their risk of dying from cancer than any advanced life-saving medical procedure available today or in the near future. The prevention of cancer remains the best cure, and this is best accomplished through the adoption of healthy lifestyle behaviors and accepting more personal responsibility for one's overall health.

Prevention efforts, in general, should be directed at those lifestyle behaviors which place the individual at risk for developing cancer and at increasing their level of "perceived risk", in hopes they will pursue medical screening as needed. As healthcare providers and educators, we are not only interested in providing information regarding the established link between lifestyle behaviors and cancer, but also the proper use and timing of current medical screening services. As mentioned, mortality rates for certain types of cancer are declining, due in part, to an earlier diagnosis of cancerous conditions. Two examples of this trend are female breast and cervical cancer. According to Montana Vital Statistics data, the number of diagnosed cases of these two conditions has increased over the past decade. However, this increase has been accompanied by a larger percentage of in-situ or localized diagnoses. In other words, a greater number of breast and cervical cancer diagnoses are being made in a more favorable classification of in-situ or localized stage of development. This is a direct result of the use of mammogram and Pap testing procedures by women. Use of these medical diagnostic procedures is very important if we are to continue reducing the mortality rate of female breast and cervical cancers. The same holds true for other cancer screening procedures, such as the colo-rectal exam. A situation exists now where we have some very good preventive medical diagnostics that are being underutilized by the general population. Looking at breast and cervical cancer again, healthcare providers and educators need to continue raising the level of awareness of these types of cancer among women of all ages, particularly the 50+ age group and the lower income and educational level groups. Data gathered in 1991 through the Montana Department of Health & Environmental Science's Behavioral Risk Factor Surveillance system suggests that we are not reaching the 50+ age group or lower income (< $10,000/yr.) women in the 40+ age group as well as we need to be. The benefits of screening procedures need to be communicated, the level of perceived risk of the cancerous conditions need to increase, and healthcare provider referrals to diagnostic procedures need to increase, particularly among these specific demographic groups. Additionally, access to healthcare services and/or the prohibitive cost of screening services need to be considered in respect to the lower income groups. Healthcare providers and educators need to become more familiar with the low-cost or "sliding scale fee" screening clinics available within their locality. This is imporant in a rural state as geographically large as Montana where nearly 1 out of every 6 citizens has no form of health insurance.

The status of the management of cancer in Montana is close to meeting many of the health objectives of Healthy People 2000 related to cancer. Some examples of this can be seen in the overall mortality rate for cancer in Montana, which is 115 per 100,000 population, surpassing the Healthy People objective of 130. The breast cancer mortality rate of 15.1 for Montana has exceeded the objective of 20.6, for the nation. The cervical cancer mortality rate is slightly higher than the Healthy People goal at 1.6 (goal is 1.3). These statistics reflect only a partial comparison between the goals and objectives of Healthy People 2000 and the status of Montana. If you are interested in receiving a copy of the Healthy People 2000 document or further information regarding the use of this document, please contact the Chronic Disease Prevention & Health Promotion Program at 444-2640 for assistance.

The P.A.T.C.H. Health Education Model:
Creating Awareness & Encouraging Personal/Community Responsibility

Involving community citizens in the phases of health planning, implementation and evaluation has recently become an accepted method of addressing certain public health issues at the community level. An example of this type of process is the health education model: Planned Approach To Community Health (P.A.T.C.H.). The P.A.T.C.H. process nurtures the development of coalitions and specialized work groups through encouraging individuals to assume personal and community responsibility for their health. Through the use of a Local Coordinator, members of a coalition assist with analyzing and collecting data, setting health education and intervention priorities and objectives, selecting strategies and activities, and evaluating the overall efforts. The involvement of the community is important for several reasons, including, creating awareness of specific community health issues, empowering the community with skills to understand and begin managing community health problems, and creating a sense of pride, or ownership of the effort to encourage its continued operation.

The P.A.T.C.H. process begins with the training of the State Coordinator by the Centers for Disease Control (CDC), Atlanta Georgia. The State Coordinator is typically a representative of the state health department.

In turn, the state seeks out communities with an interest in assessing and providing intervention activities to reduce the incidence of disease, disability and death within a community. The focus of many P.A.T.C.H. interventions are chronic disease conditions which have identifiable health risk behaviors. However, directing community health efforts towards teenage pregnancy or mental health issues is not uncommon. Health education models place emphasis on the use of mortality, behavioral risk and community opinion data to assess the need for community-wide interventions. This is important because it lends great support to the effort and assures that a community's limited resources are directed towards those areas of public health most in need. Health education models such as P.A.T.C.H. also draw upon established resources available to the community, such as the Healthy People 2000 Goals & Objectives. Use of these goals and objectives reduces the amount of time spent in the planning stage and allows the community to make desired changes more quickly and with less expense.

To date, over 50 communities in 17 states are operating P.A.T.C.H. program sites. Due to the promotional efforts of the Centers for Disease Control, this figure is expected to quadruple over the next year or two. P.A.T.C.H. communities have been able to ascertain their specific health problems and systematically address them in a fashion which has traditionally been allocated to governmental health agencies. Examples of public health issues addressed by P.A.T.C.H. projects nationwide are cardiovascular disease, cancer, suicide, stroke, high blood pressure, teenage pregnancy, accidents\injuries, lack of health resources for children, senior health issues, and substance abuse, to name a few.

The P.A.T.C.H. process remains a relatively new approach to community health and wellness, but it is a successful one. The state of Montana has recently received the training and is beginning to select communities to implement the process. If you would like more information on the P.A.T.C.H. process, please contact Mr. Patrick W. Smith, Health Education Specialist, Chronic Disease Prevention & Health Promotion Program, Montana State Department of Health & Environmental Sciences, Room C-317 Cogswell Building, Helena, Montana 59620; Telephone 444-2640.

JOURNEY TO SCHOOL
The Montana Project

Children face a greater likelihood of death or disability through traffic-related injuries than through any other disease or cause. Statistics reveal that traffic trauma takes 20 times more children's lives than drugs and kidnapping combined. More children are killed in traffic outside of vehicles (walking and bicycling), than inside as a passenger. Although six times as many children die walking as bicycling, the majority of the injuries occur to bicyclists.

Children need practice, not just rules. The Office of Public Instruction selected sixteen teachers in 1992 as **Regional Traffic Education Trainers**. They have been trained in strategies for empowering children to be predictable and competent in traffic. They are training other teachers in the use of the identified K-2 Pedestrian and 3-5 Bicycle curriculum. Lessons call for giving students real experiences and practice. When we teach kids to swim, we get them in the water. Similarly, we actively teach "on foot" and "on bike" skills in traffic safety. When "on bike", a helmet is always required. Helmet promotion is an important aspect of the program. Ultimately our goal is for Montanans to realize the inherent benefits of integrating safe and lawful bicycling and walking into everyday life.

Education, although the key, can not stand alone. We can teach skills needed to cope with fundamental traffic threats, but if the street itself is unsafe, children will still be at great risk. If a ticket or warning is never issued to a motorist for failure to yield to a pedestrian in the crosswalk, education will not make the crossing safe for children. Traffic safety requires the three "E" Approach: Education, Engineering and Enforcement. I encourage you to become involved in your local school's traffic safety. If I can be of assistance, please call on me.

Mary Cheryl Larango, Bicycle/Pedestrian Safety Specialist, Division of Traffic Education, Office of Public Instruction, 444-0516.

Resources

Healthy People 2000: National Health Promotion and Disease Prevention Objectives, United States Department of Health and Human Services. Contains a national strategy for significantly improving the health of the Nation over the coming decade. it addressed the prevention of major chronic illnesses, injuries, and infectious diseases.

Healthy Communities 2000: Model Standards, 3rd Edition, 1991, American Public Health Association. Guidelines for community attainment of the year 2000 national health objectives

Diet and Health: Implications for Reducing Chronic Disease Risk, A study on diet, chronic diseases, and health which was launched in an effort to address the scientific issues that are fundamental to nutrition policy on reducing the risk of these diseases.

The Health Benefits of Smoking Cessation, A Report of the Surgeon General 1990.

Farm and Ranch Equipment Safety - VHS tape, Cooperative Extension System, produced by the Agricultural Communications Center, University of Idaho, Moscow, Idaho. Made in the interest of helping reduce agricultural injury and disease rates. Discusses farm and ranch equipment accidents and what can be done to reduce them.

Smokeless Tobacco - Music Video, VHS tape, American Dental Association, A music video performed by teens with a message about the use of smokeless tobacco.

Other Resources

Smoking Policy Questions and Answers
Smoking Policy Institute
Box 20271
Seattle, WA 98104
(206)324-4444

Health Promotion: Disciplines and Diversity
Robin Bunton and Gordon MacDonald
Chapman Hall Press
29 West 35th St.
#1SBN041505981X @ $22.50 Paperback

Coming Up

April 6-8 — **Spring Sanitarian's Educational Conference** sponsored by the Montana Food and Consumer Safety Bureau and the Montana Environmental Health Association is scheduled for April 6, 8:00 a.m. - April 8, 12:00 p.m. at Jorgensen's in Helena. For more information contact Bill Denton, Montana Food and Consumer Safety Bureau, 444-2823.

April 28-29 — **Montana Dietetic Association Annual Meeting** -- at the Colonial Inn in Helena. For more information contact Kathy Andersen at 444-2640.

June 27-30 — **Rocky Mountain Rendezvous**, "A Conference to promote personal health and wellness in the Rocky Mountain West," is scheduled for June 27-30, 1993, Rock Creek Resort, Red Lodge MT. For more information contact Patrick Smith, Montana Department of Health and Environmental Sciences, 444-2555.

National Health Observances

March	National Chronic Fatigue Syndrome Awareness Month National Nutrition Month
April	Cancer Control Month
April	World Health Day - April 7
May	Asthma and Allergy Awareness Month Mental Health Month

Building Healthy Communities in Montana: Regional Prevention Training Workshops - A three-part series of workshops located statewide. Cost is $8 per workshop or $15 for the series. Lunch is provided.

WORKSHOP #1 - A Common Vision of Prevention
WORKSHOP #2 - Skills for Prevention
WORKSHOP #3 - Organizing for Prevention

Region I	Contact: Kate MrGudic	728-9449
#1 - Glendive	April 22	
#2 - Glasgow	June 24	
#3 - To Be Announced	September 14	
Region II	Contact: Ken Taylor	444-1202
#1 - Great Falls	May 18	
#2 - Havre	June 29	
#3 - Great Falls	September 22	
Region III	Contact: Bill Devine	442-2733
#1 - Billings	May 6	
#2 - Billings	June 21	
#3 - Billings	September 29	
Region IV	Contact: Mike Cucciardi	449-8611
#1 - Butte	April 27	
#2 - Bozeman	May 24	
#3 - To Be Announced	October 7	
Region V	Contact: Julie Halberg	444-2026
	Debbie Henderson	444-2794
#1 - Polson	May 20	
#2 - Polson (tentative)	July 15	
#3 - Polson	October 14	

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